

June Monthly Progress Report

African Strategies for Health

July 15, 2013

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Contents

1.	Notable Achievements.....	1
2.	Technical Updates.....	1
A.	Maternal, Newborn and Child Health.....	1
B.	Infectious Diseases.....	2
C.	Health Systems Strengthening.....	3
D.	Monitoring and Evaluation (M&E).....	3
3.	Management and Administration.....	3
A.	Finance.....	3
B.	Project Management.....	4
C.	Project Communication and Dissemination.....	4
D.	Partnership Collaboration.....	4
E.	Other Updates.....	4
F.	COR Meetings.....	4
4.	Key Activities Planned for Next Month.....	4
5.	Attachments.....	5

African Strategies for Health (ASH)

Monthly Progress Report: June 2013

1. Notable Achievements

- ASH participated in a joint WHO/AFRO, CDC/ASH meeting on IDSR in Brazzaville Congo. The meeting aimed to review e-learning materials for IDSR, finalize the IDSR logic model, and discuss potential activity areas for inclusion into the FY2014 WHO AFRO grant as well as the development of an M&E framework for IDSR.
- ASH participated in the “Maternal Health and HIV: Examining Research through a Programmatic Lens” technical consultation in Boston. The meeting focused on research and program implications for Africa, and brought together 60 researchers and HIV and maternal health leaders from the US and Africa.
- ASH participated in the meeting of the WHO Effectiveness and Research working group (ERG) that took place immediately following the RBM Malaria in Pregnancy Working Group annual meeting in Geneva. This is an excellent opportunity for ASH to contribute to the development of an international consensus on the approach for such assessments and factors of relevance for strengthening IPTp service delivery (IR1).

2. Technical Updates

A. Maternal, Newborn and Child Health

Maternal Mortality and HIV

On June 10-11, the ASH MNCH Specialist participated in the “Maternal Health and HIV: Examining Research through a Programmatic Lens” technical consultation in Boston. The meeting focused on research and program implications for Africa, and brought together 60 researchers and HIV and maternal health leaders from the US and Africa. During the meeting, Edna presented the findings from the three systematic reviews on relationships between HIV and maternal mortality that ASH had conducted between March-May 2013. These findings contribute to understanding of the demand-side and health system-related factors affecting the use of antiretroviral therapy among HIV-infected pregnant women and the state of knowledge about effective interventions for treating HIV and reducing maternal mortality among this population. As such, they have relevance for the development of services appropriate for meeting the needs of this population and point to knowledge gaps, where additional research is needed. Presenting the findings at this meeting contributes to ASH IR2, the building of consensus around issues of relevance for achieving Millennium Goals 5 and 6.

Leadership and Management Capacity Building of Regional Health Professional Associations

During June, ASH in collaboration with the LMG project worked with the Survive & Thrive GDA partners to plan a session on leadership and management capacity building for East, Central and Southern Africa health professional associations that will be part of the ECSA Regional Forum on Maternal and Newborn Health which will be held in Arusha from August 19-23. This Forum will bring together approximately 100 leaders from regional and national professional associations of the ECSA member countries. The capacity building session will

serve as the initial leadership and management capacity building activity. It will yield information and guidance for future support to the associations that will be provided by the GDA partners and ASH. As such, this work supports ASH IR 3, capacity building of regional institutions. This preparatory work will continue through July and August.

IPTp

ASH was invited to participate in a meeting of the WHO Effectiveness and Research working group (ERG) that took place immediately following the RBM Malaria in Pregnancy Working Group annual meeting in May in Geneva. This was of interest and relevance since the ERG is developing a framework to guide facility level assessments which will have a similar focus to the framework being developed by ASH for identifying bottlenecks to the provision of IPTp. As a result of participation in the meeting, ASH has been invited to contribute to the development of the ERG framework and in June provided comments on the framework to the ERG. This is an excellent opportunity for ASH to contribute to the development of an international consensus on the approach for such assessments and factors of relevance for strengthening IPTp service delivery (IR1). The ERG will be an important partner for disseminating the findings of the assessments and roll out of the tool ASH develops.

During the ERG meeting Edna met and began discussions with the Barcelona Centre for International Health Research (CRESIB) about the possibility of collaborating to conduct facility level assessments in Mozambique using the assessment framework developed by the ERG. This was of interest since Mozambique is one of the three countries of interest to PMI with regard to the ASH assessments. ASH had a follow up discussion with CRESIB in June. While it appears that there may be areas of overlap between the work of CRESIB and ASH, further consideration of the compatibility of the approaches, frameworks and timing is needed. The possibility of this collaboration was discussed with PMI/USAID and CDC in June but has been put on hold pending further clarification. ASH will follow up with CRESIB and PMI in July to inform a decision about whether or not to proceed with CRESIB or to work with PMI to choose a country other than Mozambique. (It would not make sense for ASH to conduct its own assessment in Mozambique since CRESIB is planning to enumerate all health facilities in the country.)

B. Infectious Diseases

IDSR

The major activity for IDSR was ASH's participation in a joint WHO/AFRO, CDC/ASH meeting in Brazzaville Congo. The agenda included the review of e-learning materials for IDSR, the finalization of the IDSR logic model, a discussion of potential activity areas for inclusion into the FY2014 WHO AFRO grant, participation in the 2013 AFENET Conference and the development of a M&E framework for IDSR. Planning for the IDSR evaluation in Botswana continued and two teleconferences were held that included participants from CDC (Atlanta and Botswana), WHO (Botswana and AFRO), Botswana MoH and ASH.

Preparations for the pediatric framework scheduled for July 2013 continued. The meeting has drawn participation from WHO, NTP's and USAID (Global, AFR/SD and countries).

Malaria

SRN assessment: Facilitated the initial conversation between PMI, ASH and identified consultants during which the process to define the work plan and methodological approach

was agreed to. Reviewed the methodology for the SRN assessment prior to submission to USAID. Participated in follow up conversations to finalize the SRN assessment methodology. Budgeted suggested travel arrangements for consultants to ensure that the activity remained within budget.

IRS mid-term evaluation: Shortlisted and conducted interviews with potential consultants for IRS mid- term evaluation and made recommendations for the constitution of the evaluation team. The recommendations were submitted USAID (AFR/SD and USAID Tanzania).

C. Health Systems Strengthening

AGOA

ASH finalized the hiring of the consultant and continued to research and review literature for the technical paper on making the case for “Health as a Driver of Sustained and Accelerated Trade and Investment”. This paper will be presented by Ministers of Finance and senior trade representatives at 2013 U.S.-Sub-Saharan Africa Trade and Economic Cooperation Forum also known as the AGOA Forum, on August 12-13, 2013 in Addis Ababa, Ethiopia.

mHealth

The M&E Specialist also participated in the June 17 mHealth Working Group Meeting on eHealth/mHealth Policy in Uganda with presenter Daryl Martyris of USAID/Uganda.. He also participated in the June 27 World Bank panel discussion on "Why ICT-enabled transformation is critical for eradicating poverty and realizing the MDG agenda" led by Dr. Nagy Hanna, Senior Fellow, Center for Policy on Emerging Technologies, and former World Bank Senior Advisor and Lead Corporate Strategist.

Landscape Analysis

ASH developed the scope of work, interview protocols and lists of key informants for the Landscape Analysis of Key Regional Organizations in the African Health Sector.

D. Monitoring and Evaluation (M&E)

The M&E Specialist provided technical feedback on the draft methodology, schedule and tools developed by the consultants for the PMI evaluation of USG-Supported Global Fund Technical Assistance provided by Sub Regional RBM Networks for Malaria Funding Investments. The M&E Specialist also met with the USAID COR for ASH to discuss revisions to be made to the ASH M&E plan.

3. Management and Administration

A. Finance

Financial data for June, 2013 has not yet been closed by MSH Accounting. It is expected that the information will become available on or around July 18, 2013. Therefore, for the purpose of this report, expenses for June, 2013 is based on estimates.

1) Total Obligation	=	\$6,783,004
2) Expenses		
Total expenditure and accruals as of May, 2013	=	\$4,344,895
Estimated expenses for June, 2013	=	<u>\$ 260,000</u>
Total estimated expenses as of June 30, 2013	=	<u>\$4,604,895</u>
Pipeline (1-2)	=	\$2,178,109

B. Project Management

USAID/AFR and ASH held a quarterly meeting on June 17. USAID/AFR and ASH agreed that the meeting should provide an opportunity to take stock of the project to date, to reflect on how to work together most effectively and efficiently, and to initiate planning discussions for Year Three of the project.

ASH began planning for the development of its Year 3 Workplan. The ASH team also began developing a list of potential activities to be proposed for Year 3 and shared this list with USAID/AFR.

C. Project Communication and Dissemination

Nothing to report.

D. Partnership Collaboration

Nothing to report.

E. Other Updates

a. *Staffing*

The new Health Systems Strengthening Specialist, Bill Newbrander, began his first day with the ASH team on June 24.

Interviews were conducted to fill the position of Advocacy and Communications Specialist

F. COR Meetings

One COR meeting took place on June 19, 2013

4. Key Activities Planned for Next Month

- Meet with USAID AFR/SD core team members to discuss potential Year 3 activities proposed at the June 17 Quarterly Meeting
- Incorporate comments from USAID and finalizing the three HIV and Maternal Mortality review and synthesis reports in preparation for posting them on the ASH and USAID websites after they have been published in peer reviewed journals.
- Finalize and submit to ICASA the HIV and Maternal Mortality abstracts for possible inclusion in the December 2013 conference in Cape Town. Support USAID in organizing a preformed panel and a 1.5 day pre-conference symposium.

- d. Finalize plans for publishing the review findings either as part of a special journal issue or as individual submissions to appropriate journals
- e. Hold discussions with PATH, the RBM MiP working group and PMI to identify the most appropriate role for ASH as it relates to supporting the roll out of the new WHO guidelines for IPTp.
- f. Finalize the hiring of teams of consultants for the IRS evaluation in Tanzania
- g. Continue to provide technical and logistical support to the RBM SRN evaluation team
- h. Continue to disseminate Volume II of ASH's mHealth Compendium
- i. Finalize the development of the technical paper for the AGOA forum
- j. Begin key informant interviews for the landscape analysis of key regional organizations in the African health sector, once USAID approval is received
- k. Continue the development of the ASH draft partnership strategy

5. Attachments

- a. Updated list of COR Letters and Related Clearances